



PART B - FEE(S) TRANSMITTAL

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21005

7590

04/30/2003

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.
530 VIRGINIA ROAD
P.O. BOX 9133
CONCORD, MA 01742-9133

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Rachel Cohen	(Depositor's name)
Rachel Cohen	(Signature)
7/24/03	(Date)

07/29/2003 SSITHIB2 00000082 09735271

01 FC:1501

1300.00 DP

02 FC:1504

300.00 DP

03 FC:1800

45.00 DP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/735,271	12/11/2000	Mark Daly	2825.1025-002	7597

TITLE OF INVENTION: ~~IBD-RELATED POLYMORPHISMS~~

Crohn's Disease-Related Polymorphisms (as amended by the Examiner)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	07/30/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
SOUAYA, JEHANNE E	1634	435-008000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB1122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Hamilton, Brook, Smith & Reynolds, P.C.

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

1) Whitehead Institute for Biomedical Research-Cambridge, MA

2) Ellipsis Biotherapeutics Corporation-Toronto, Canada

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

☒ Issue Fee☒ A check in the amount of the fee(s) is enclosed.☐ Publication Fee☐ Payment by credit card. Form PTO-2038 is attached.☒ Advance Order - # of Copies 15☐ The Commissioner is hereby authorized to charge any deficiency to Deposit Account Number 08-0380 (enclose an extra copy of this form).

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(Date)

J. M. Jeannette (41,368) 7/24/03

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